

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)															
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)				B. Standard document number (Org identified/FY, Doc./type code/Serial number) N0007604TG040				C. Request Status of Process Code (x one) <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> (1) Initial</div> <div><input type="checkbox"/> (2) Resubmission</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> (3) Correction</div> <div><input type="checkbox"/> (4) Cancellation</div> </div>				D. Amendment No.			
Section A – TRAINEE/APPLICANT INFORMATION															
1. Name (Last, First, Middle Initial)			2. 1 st 5 letters of last name			3. Social Security Number			4. Ed. level		5. Continuous Federal Service a. Years b. Months				
6. Home Address (Street, City, State and ZIP Code) (optional)			7. Phone Numbers (include area code) a. Home b. Office			8. Position Title 9. Position Level I(X one) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> a. Executive</div><div><input type="checkbox"/> b. Manager</div><div><input type="checkbox"/> c. Supervisory</div><div><input type="checkbox"/> d. Non Supervisory</div></div>			10. Pay Plan/Series/Grade/Step (Rank/MOS/AFSC for Navy Designator) 14. Type of Appointment 15. No. prior non-government training days						
11. Organization Name			(1) Commercial <input type="checkbox"/>			(2) DSN <input type="checkbox"/>			16. Are you handicapped or disabled? (X one) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>						
12. Organization Mailing Address (Include ZIP)			13. Organization UIC 00076			16. Are you handicapped or disabled? (X one) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>									
Section B – TRAINING COURSE DATA															
17. Course Title															
18. Training Objectives (Benefits to be derived by the Government) This training is on the Annual Training Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No This training is on the Individual Development Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No						19. Recommended Training Source, School or Facility b. Mailing Address (include ZIP)									
20. Course Codes: a. Purpose 4 f. Security Clearance k. Training Program						c. Location of training site (If other than 19b)									
b. Type		g. Allocation Status		i. Reason for Selection		21. Course hours (4 digits)		22. Course Identifiers							
c. Source 3		h. Priority		23. Training Period (YYMMDD)		a. Duty		a. SAID		b. Catalog/Course No.					
d. Special Interest		i. Training Level		a. Start		b. Non-duty		b. Catalog/Course No.		c. Offering/TLN					
e. Training Vendor		j. Method of Training 8		b. Complete		c. TOTAL		c. Offering/TLN							
Section C-COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)															
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box ▶															
25. Direct Costs a. Tuition Cost				26. Indirect Costs (For Information Only) a. Travel Cost				27. Accounting Classification AA1741804.76M1 000 00076 0 068566 2D 00000 00076404Q00Q PAYMENT WILL BE MADE BY THE GCPC (POC:SKCS(SW) J.FRANKLIN, (850)452-4414, FAX (850)452-4943, EMAIL SKCS-JOSEPH.FRANKLIN@NAVY.MIL)							
b. Books, material, other costs \$0.00				b. Per diem/other costs											
c. Total direct costs				c. Total indirect costs											
d. Funding source				28. Labor Costs				29. Signature of Fiscal Officer (Follow local procedure) SUSAN U. SOULE OR ALANA B. JENSEN							
31. Job Order No. 00076404Q00Q								30. Total of Direct & Indirect Costs:							
Section D – APPROVAL/CONCURRENCE/CERTIFICATION															
32. Supervisor: I certify training is job relate and nominee meets prerequisites. (If not, attach waiver)						32. Training Officer: I certify this training meets regulatory requirements.									
a. Typed Name (Last, First, Middle Initial)			b. Phone number (include area code)			a. Typed Name (Last, First, Middle Initial) MAGLOIRE SERGE			b. Phone number (include area code) (850)452-2660						
c. Signature and Title			d. Date			c. Signature and Title SUPV HR SPECIALIST, HR DEVELOPMENT									
34. Authorizing Official a. Action (X one) <input checked="" type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved						35. Course Acceptance (To be completed by school official) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> a. Accepted</div><div><input type="checkbox"/> b. Not Accepted</div><div>c. School Official Signature</div><div>d. Date</div></div>									
b. Typed Name (Last, First Middle Initial) HARRIS, B. O., LTJG, USN			c. Phone number (Include area code) (850)452-4923			38. Course Completion (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input type="checkbox"/> ▶									
d. Signature and Title ADMINISTRATIVE OFFICER			e. Date			b. Actual Completion Date (YYYYMMDD)			c. Grade						
37. Billing Instructions (Identify discount terms % days.) PAYMENT WILL BE MADE BY THE GOVERNMENT CREDIT CARD. SEND INVOICES TO: NETC (CODE N411) 250 DALLAS ST PENSACOLA FL 32508-5220 ATTN: SKCS(SW) JOSEPH FRANKLIN						c. Signature and Title			e. Date						
						38. Certifying Government Official a. I certify that this account is correct and proper for payment in the amount of: \$									
						b. Signature			Date Signed						
						d. DSS No. Check Number			f. Voucher Number						
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.															